

A Ministry of Arcola United Methodist Church 24757 Arcola Mills Drive Dulles, VA 20166 703-327-7878 ext. 222

Enrollment Forms 2025-2026

PERSONAL INFORMATION FORM

A parent/guardian must complete this form prior to the beginning of school. The purpose is to help us better understand your child; we assure you that all answers are strictly confidential. Some things you may wish to discuss directly with your child's teacher. As the year progresses, please inform us of on-going events in your family, i.e., birth, death of a family member, or any significant change in the life of your family. It is important that we know what your child is experiencing to bridge the gap between home and school. We hope that this will be the beginning of a positive relationship between your family and Arcola Christian Preschool.

Family and Social History		Today's Date	
Child's Name		Male	Female
What name would you like your child	to be called at school?		
Address			
Date of Birth// Month Day Ye			
	Parent/Guardian 1 (Father)	Parent/Guardian 2	(Mother)
Name			
E-mail address			
Cell phone			
Work phone			
Occupation			
Place employed			
Marital Status: Married So			-
Custody arrangements			
Siblings: Name	Date of Birth		
Name	Date of Birth		
Name	Date of Birth		
Name	Date of Birth		
Others residing on your household:	Name	Relationship	
	Name	Relationship	
Who cares for child during the day?	Name	Phone	



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Member of Arcola United Methodist Church? _____ If not a member, please state your religious preference and/or church membership. _____ Does your family celebrate special cultural/religious holidays?______If so, specify:_____ At what age was your child first separated from mom and dad? ____ With a babysitter? _____ **Personal History** 1. Child Development: Type of birth: Full term Premature Age child began: walking? _____talking? ______boes s/he speak in sentences? _____ Feeding self___ 2. Speech: Does your child hear another language at home?______If so, which one?______ Does your child speak any language other than English? If so, which one? Describe any areas of concern in your child's speech or language: _____ 3. Toilet Habits: At what age was your child toilet trained? _____ What word is used for urination?______Bowel movement?_____ 4. Sleep Habits: Nap during day?_____How long?_____Scheduled or as needed?____ Does s/he have own room? _____ Awakens in the morning at?______Goes to sleep at?_____ 5. Fears: Animals? _____ Dark? ____ Storms? ____ Others? ____ Self-soothing habits (thumb sucking, etc.)? 6. Discipline: What behaviors do you find challenging with your child? _____ How do you respond? _____ 7. Social Relationships: Has your child ever played at a friend's house? Has your child ever had a friend (non-relative) in to play? Who does your child usually play with at home? _____ How does your child get along with his/her siblings? ______



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How would you describe your child's behavior when interacting with other children and adults? (friendly, shy, aggressive, assertive, withdrawn, etc.) How does your child usually react in a new situation? Do you feel your child will have an easy or difficult transition to preschool? If difficult, what do you think would ease the transition? 8. Experiences and Emotional Development of your Child: What is your child's favorite activity at home? How do you like to spend time with your child? Has your child had experiences with the following? Scissors______ Easel painting______ Finger painting_____ Glue_____ Coloring with crayons_____Blocks____ 9. Other personal habits Is your child left handed?______ No preference at this time?_____ Describe your child, including appearance, personality, abilities, likes and dislikes. **Educational History** Has your child previously attended a child care center or preschool? If so where, when, and how many days per week? Does your child possess an IEP/IFSP (Individualized Education Plan/Individualized Family Services Plan) evaluation from the school system? Yes____No____ If so, Loudoun County? _____ If so, would you be willing to share the document with his/her preschool teacher before school begins? Yes No Do you as a parent perceive anything that may inhibit your child's ability to learn in the Arcola Christian Preschool? What do you hope your child gains from his/her experience at Arcola Christian Preschool?



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Health History

ALLERGY – My child is allergic to		
These precautions should be taken due to the allergy		
Watch for the following symptoms in my child		
My child is allergic to the following foods:		
Dietary restrictions of the family (i.e. Vegetarian)		
Please state age when your child has experienced any of the following:		
Frequent Ear InfectionsTubes in EarsStomach AchesHigh Fevers		
Injuries in an AccidentPlease specify		
AsthmaHay FeverHow is this treated?		
Has your child ever been hospitalized? If so when?		
Has your child visited the dentist?Special appliances?		
Vision correction?When are glasses to be worn?		
Hearing test?Hearing impairment?		
How is this being addressed?		
Does your child have a physical disability?If so, would assistance be required to play on the playground to maintain		
safety? Describe		
How would you describe your child's general health? Poor Fair Good		



PRESCHOOL and the parents/guardians of

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PARENT-SCHOOL CONTRACT

This is a contract between The Trustees of the Arcola United Methodist Church /ARCOLA CHRISTIAN

	r to ensure a successful school year for each child, and avoid misunderstandings between the school and the family, this act sets out a number of important obligations. Further explanations of any subject contained in this contract can be found in
	ent handbook, specifically in the "General Policies for Parents" section.
1.)	TUITION : Your child is in the

- 2.) **REGISTRATION FEE:** A registration fee of \$155.00 is due with your application form and is NOT REFUNDABLE.
- 3.) WITHDRAWALS AND TUITION REFUNDS: Enrollment is for September through May. Arcola Christian Preschool will not issue tuition refunds for absences or unscheduled closures. Refunds will only be issued for withdrawal from the program as outlined below. Arcola Christian Preschool must receive written notice from the student's parent or legal guardian thirty (30) days prior to withdrawal from the program. In the event of withdrawal from the program, no refunds will be issued for a partial month's tuition. In order to receive a refund of the prepaid May tuition, Arcola Christian Preschool must receive thirty (30) days prior written notice of withdrawal from the program as stated above AND tuition payments for the student must be current. If the effective date of withdrawal from the program falls after March 1 of the school year, only half (50%) of the prepaid May tuition is refundable, subject to thirty days prior written notice of withdrawal and a current account balance for the student as stated above.

agree to indemnify and reimburse the church for any costs, attorneys' fees and litigation expenses arising out of the suit.

- 4.) **HEALTH REGULATIONS:** The Commonwealth of Virginia and the County of Loudoun require that each new and returning student <u>submit a current Commonwealth of Virginia School Entrance Health Form before admission to school.</u> The form must include an up-to-date inoculation record and any relevant personal health information on the child, such as allergies, special health needs, etc. It must be signed by a health professional. <u>Children in the 3-year-old and 4-year-old programs must be fully potty-trained to attend preschool. Children in the 2½-year-old program must, at a minimum, be actively working on potty training.</u>
- 5.) **REQUIRED FORMS:** Please return the Enrollment Forms by May 1, 2025. The Virginia School Health Form must be completed and returned before school begins. You must also present your child's Identity Verification (Birth Certificate) before the first day of school. **A child who does not have these forms on record cannot enter into the program.** Parents are responsible for updating forms when changes occur.
- 6.) **STUDENT HEALTH**: Children should be sent to school ready to participate in the day's activities. A preschool child should have sufficient sleep and a proper breakfast before school. Children must be kept home if ill. This includes fever, vomiting, or diarrhea in the last 24 hours. When you enter the building or send your child into the building, you are confirming that you or your child do not have symptoms of a contagious illness.
- 7.) ACCIDENTS/ILLNESS/INSURANCE: The school strives to maintain a healthy, safe environment for our children. In that regard, we will not admit a child who is ill to the classroom. If a child becomes ill during the school day, we will notify the parents and they must pick up the child, or make arrangements for someone on the list to pick up the child, as soon as possible. By signing below, the parents authorize the school to obtain immediate medical care if a medical emergency occurs and the parents cannot be located immediately. Such care may be from a physician or hospital other than the family's physician, if, in the school's judgment, there is insufficient time to first contact the family's physician. Individual staff members, Arcola Christian Preschool, and Arcola UMC will not be held responsible for the consequences of an accident or illness at school. The parent is responsible for payment of medical expenses.
- 8.) **PHOTOGRAPHY:** The parent/guardian gives the preschool and/or church permission to photograph and/or video the child during preschool activities, for classroom, school, and church use only.
- 9.) **SCHOOL ROSTER:** The parent/guardian gives the school permission to list their names, their child's name, address, telephone number, and e-mail address on the school roster, for distribution to school parents only.



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- 10.) PARENT CONFERENCES: As part of its commitment to good communication, the preschool will schedule a Fall and Spring parent-teacher conference for each child in the threes and fours programs. Conferences are held to discuss a child's progress, well-being, and/or any concerns. The parent, teacher, or director may request an additional conference at any time.
- 11.) **ARRIVAL OF CHILDREN:** Teachers and assistants use the time before school to prepare the classroom and materials for the students. Children will not be permitted in the classroom prior to 9:25 AM for the morning classes. Drivers will follow the driving pattern described in the Parent Handbook for safe drop-off procedures.
- 12.) **DISMISSAL OF CHILDREN:** School staff will begin escorting students to their vehicles at 12:15 PM for the morning classes and 1:30 for the extended day. A child will only be released to an individual listed on the Transportation Authorization, unless documented parental permission has been established. Drivers will follow the driving pattern described in the Parent Handbook for safe pick-up procedures. Parents are expected to pick up their children promptly. In the event a parent is late at dismissal time, the school reserves the right to charge a late fee of \$10 for every fifteen (15) minutes, or portion of, a child is left at the preschool after classes have concluded, beginning at 12:25 PM for morning classes and 1:35 for the extended day.
- 13.) **FUTURE ENROLLMENT:** Enrollment in the current school year does not imply automatic enrollment in a class for the next school year. Registration priority is set by the Preschool Board and will be made available prior to the registration process in January and February.
- 14.) **DISPUTE RESOLUTION:** Arcola Christian Preschool strives to assure that good communication is maintained between parents and teachers, and that each child receives the quality education he or she deserves. Occasionally, problems occur which cannot easily be resolved. Should such a situation occur, the Parents will notify the Director immediately and attempt to reach a resolution with the help of the Director. If necessary, the Preschool Board may be asked to address the situation. Further information regarding staff-parent interaction is contained in the Parent Handbook.
- 15.) ARCOLA CHRISTIAN PRESCHOOL RESERVES THE RIGHT TO:
 - a. Request the withdrawal of a child if he/she has trouble adjusting to school.
 - b. Suspend or dismiss a child for unmanageable behavior.
 - c. Suspend or dismiss a child with educational or medical needs for which the school does not have the expertise to manage.
 - d. Discontinue service to a family not meeting financial obligations on a timely basis.
 - e. Discontinue service to a family if we believe we are unable to satisfy their expectations.

Director's Signature	Date	
* I have read this Parent-School Co the policies it contains. *	tract, understand and agree to the terms set forth in it, and will	l follow
Parent's Name (Please Print)		
Parent's Signature		



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Emergency Treatment Information and Authorization

Child's Full Name		Birth Date		/	/
Home Phone			onth	Day	Year
Parent/Guardian 1 Name		Alternate Phone			
Parent/Guardian 2 Name		Alternate Phone			
Call these friends or relatives to p	ick up my child if we cannot	be reached (MUST list at	least	t TWO):	
1					
Last Name	First Name			Rela	tionship
Address		Phone		Alter	rnate Phone
2Last Name	First Name			Rela	tionship
Address		Phone		Alter	nate Phone
Allergies		Date of last Te	etanu	ıs Shot	
Medications child is taking:					
Outstanding Medical History (exa	mple: Diabetes, Heart Disea	se, etc.):			
Insurance Information					
Insurance Company		Address			
Identification/Policy #		Ins. Co. Phone			
Subscriber's Name		Subscriber's Phone			
Subscriber's Place of Employment					
I, (pa my child transported by ambulance in orc physician member of the department of e requested by the department of emerger care of (nar	der to secure and provide any med emergency medicine of any area lo acy medicine, to render medical tre	ical attention that is necessary cal hospital, or any member of eatment, which in his/her judg	or ur f the n ment	gent. Furth nedical staf may be dee	ermore, I authorize any f of the hospital
Parent/Guardian Signature		Date			



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Transportation/Car Pool Authorization

Last Name	First Name	Relationship
City, State		
Phone	Alternate Phone	
Last Name	First Name	Relationship
City, State		
Phone	Alternate Phone	
Last Name	First Name	Relationship
City, State		
Phone	Alternate Phone	
Last Name	First Name	Relationship
City, State		
Phone	Alternate Phone	



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Behavior Responsibilities for Preschoolers

Our mission at Arcola Christian Preschool is to provide a loving Christian environment where each child's spiritual, social, emotional, physical, and cognitive needs are met. We believe that what is best for the child should come first in every decision that we make.

Creating and maintaining this loving environment is a shared responsibility of school personnel, students, and parents. In order to create an environment that ensures the safety of all the students and staff, a close rapport between parents and teachers is necessary.

Please read the parent handbook paying particular attention to the section on aggressive/disruptive behavior. The information in this handbook helps everyone understand the responsibilities for proper behavior as well as the child's right to be in a safe environment. Your continued involvement with our school is very important as we prepare our young children for the future. Together we can ensure that our students will experience a successful year.

Sincerely,

Arcola Christian Preschool Board and Staff

I acknowledge I have read the parent handbook safe and loving environment for my child(ren).	and am willing to abide by the school's policies to ensure a
Child's Name	
Parent's Name	_
Parent's Signature	_